

FLEP Final Report Uganda

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BACKGROUND

June 2001

In response to the first major recommendation of the January 2001 Final Consultancy Report funded by the DISH II Project, The Family Life Education Program (FLEP), conducted a six day retreat (June, 2001) which included a three day strategic planning retreat for staff and stakeholders, followed by a further three day operational planning workshop for FLEP staff. This activity was facilitated by two staff members of the Management and Leadership Development Project (M&L), Management Sciences for Health (MSH), at the invitation of FLEP and DISH II. The products of this activity include: a new vision to guide FLEP for the next three years; a revised mission statement; a set of five (5) strategic priorities for the next three years; the results of a participatory management self assessment by FLEP of the current status of FLEP's management systems and of the desired performance of these systems; a set of concrete actions with responsibilities assigned to be implemented in the next three months, and 6 months; a proposed new structure for FLEP; a change team with their modus operandi; and suggested technical assistance to plan the implement the strategic priorities.

The management self-assessment exercise conducted by key personnel from FLEP identified several areas, which need strengthening and technical assistance. These include:

- Overall change management/organizational transformation
- Financial Management
- Management Information System
- Quality Assurance
- Board Governance
- Human Resource Management
- Resource Mobilization

DISH II has made a commitment to providing some of this TA. The Management and Leadership Development Project made an initial commitment to provide TA in Human Resource Management. A scope of work was drawn up and the consultant from MSH worked with the FLEP staff on the ground for 4 days in June, 2001.

The activities, products and recommendations resulting from this consultancy are described in this report.

August 2001

HRM ASSESSMENT ACTIVITY

The first activity focused on a formal assessment of the current Human Resource Management (HRM) system at FLEP. M&L has developed a management tool specifically for this purpose. The tool is based on the following definition of HRM:

HRM is defined as the integrated use of procedures, policies and management practices to recruit, maintain and develop employees in order for the organization to meet its desired goals.

It includes six broad areas of HRM:

- HR Capacity “does the organization have trained HR staff and adequate budget?”
- HR Planning “does the HR plan directly support the goals of the organization?”
- HR Data “does the organization have the ability to track employees?”

- Personnel Policy “does the organization have clear personnel policy and procedures?
- Perf. Management “is there a system to supervise and manage staff performance?
- Training “is training managed effectively and does it support priority needs?

The HR Assessment Tool is intended to provide users with a rapid way to identify the strengths and weaknesses of their HRM system and practice and form an action plan for improving the human resource system. The instrument itself consists of a matrix that includes:

- Twenty three components based on the 6 broad categories above.
- Four stages of HR development described for each component
- Blank spaces for users to write a brief statement or indicator to show where the organization fits in a particular stage of development.

HRM Assessment Results

The complete results of the assessment carried out by FLEP are described in Attachment A. Following the assessment activity, the committee reviewed the results and discussed which components should be considered a priority for action, both short term and long term. These are described below:

July – December, 2001

- 1. Personnel Policy Manual:** The committee felt strongly that FLEP needed to revise and update its personnel policy and procedures, produce a new manual and distribute it to management staff and all supervisory staff at the clinics.
- 2. Personnel Files:** The committee also felt strongly about completing the personnel files in order to have a full record for each staff member.
- 3. Update the Descriptions:** Likewise, the task of completing an update of all job descriptions at FLEP is considered essential.
- 4. Performance Management:** As performance appraisal has been a persistent problem, especially at the clinic levels, developing a process for doing workplanning and performance appraisals is considered urgent by the committee.
- 5. Supervision:** With the basic policy and procedures in place, the next priority for the Committee is to strengthen the process of supervision. Three activities are recommended, including compiling check-lists for the clinics, providing a 1-day training on basic supervision skills (communication, feedback and motivation) and the use of the new performance appraisal forms, and training for supervisors on the Yellow Star Program.

Jan. – July, 2002

Longer range priorities were identified by the committee as follows:

- 1. Staff Training Plan:** A plan for managing training through FLEP is essential in order to maintain the delivery of services at the clinics.
- 2. Management and Leadership Development:** While FLEP is not ready to address this right away, the committee feels it should develop a strategy to strengthen management and leadership at all levels of the organization.

3. **Salary Policy:** the committee considers an annual review of the salary policy important.
4. **HR Planning:** Assuming FLEP continues to revitalize itself and increase its performance at the clinic levels, it will be necessary to consider a HR Plan for the coming year.

Action Plan:

An Action Plan for addressing each of these components was developed by the consultant and the HR Administrator, Penninah Kyoyagala, presented to the management committee and revised based on their comments. See Attachment B.

Monitoring and Evaluation:

In addition to the Action Plan, a simple monitoring and evaluation plan was also developed and proposed to the management committee at FLEP. Several indicators were identified for both HR management systems and HR performance components. See Attachment C.

FIELD VISITS TO CLINICS

The next activity of this consultancy involved field visits to two rural clinics, Kisozi and Nebulizi. The purpose of these visits was to get a field perspective on HR issues. Each clinic had arranged a meeting with the staff, the Patron, the Health Management Committee and the informers. At each clinic we asked two questions: what factors contribute to good performance and what is needed to improve it? The discussions were lively and informative. People are clearly proud of their clinics and want them to work effectively to benefit the community. The results of the discussions are summarized below.

Factors that Contribute to Good Performance:

- an “in-charge” staff person who is trained, competent and hard working.
- a management committee that is also committed and hard-working
- the help that is received from the Government in the form of conditional grants.
- good supervision
- good organization at the clinic
- good workplaces that are communicated well
- keeping the community well informed
- the role of the informers (specific individuals charged with giving feedback to the clinic.
- Cooperation between Health Management Committee and staff at FLEP
- having water nearby
- good maintenance of clinic
- visitors who come by and teach.

Factors that Prevent Good Performance:

- lack of transport, especially for in-charge staff and health management committee
- no salary for informers
- no salary for VHW as well as low bicycle allowance.
- lack of electricity
- inadequate communication with FLEP headquarters
- lack of testing equipment
- limited range of services offered
- lack of back-up when in-charge is away from duty post
- lack of recognition for the good work that they do.

BRIEFING MEETING WITH FLEP BOARD REPRESENTATIVES

The consultant and HR Administrator met with two representatives of the Board to brief them on the HRM assessment, the priorities identified, the proposed action plan and the proposed indicators. Their response was very positive. They agreed that these issues were in urgent need of improvement at FLEP and also that a strengthened role for the headquarters was essential to improve the overall performance of the clinics. They are fully supportive of this HR Plan and also of the new management approach at FLEP in general.

BRIEFING MEETING FLEP MANAGEMENT COMMITTEE

The consultant and HR Administrator also met with members of the Management Committee to brief them on the same issues as above. This discussion elicited concerns about the timetable of some of the elements in the Action Plan. Given the importance of the next 6 months for FLEP to demonstrate a revitalized organization, several suggestions were made to address HR issues as quickly as possible. As a result of this discussion, the Action Plan was revised.

DEBRIEFING MEETING WITH DISH II

The consultant and HR Administrator met with the COP and Deputy COP of the DISH II Project to brief them on the results of the HR technical assistance to FLEP. As a result of this discussion, DISH II generously offered support to FLEP on several of the activities in the Action Plan. These include:

- Providing their administrative staff to review the FLEP Personnel Policy Manual
- Providing copies of the National Supervision Guidelines which provide check-lists for job performance
- Providing a technical workshop on how apply these checklists.
- Providing training to FLEP supervisors on the Yellow Star Program for Quality Services.
- Providing funding to support a 1-day training program in each of the 4 zones on communication skills, feedback, motivation and the use of the new Performance Appraisal Form.

Summary of Activities, August, 2001

In summary, this consultancy resulted in a clear action plan with specific priorities and time frames identified. Importantly, a plan to monitor the results based on specific indicators was also developed. The issue of strengthening communication between FLEP headquarters and the clinics is important. While it is not specifically addressed in the Action Plan, it is expected that implementing this plan will have the definite effect of improving communication and linking the clinics to FLEP headquarters. This is important in terms of accountability and giving the staff an increased sense of their connection to the larger organization and its mission and values. Enthusiasm for this outcome was also voiced by members of the Board of Directors.

Although the HR Administrator will be the person primarily responsible for the Action Plan, she will need assistance from the management committee and support from the Board. The HR Administrator, while limited in formal HR experience, is clearly competent and quickly understood the issues involved. She has already made a start on some of the components identified in the Action Plan.

The consultant from M&L will continue, on an informal basis, to provide support and TA from her home office in Boston, MA as much as possible. The M&L Program has indicated that they may be able to provide continuing TA on more formal basis, but this needs to be clarified and agreed to by FLEP and also DISH II.

September, 2002

Results of HRM interventions:

As of August, 2002, FLEP reports that the following actions were taken to improve the HRM system:

Action Taken	Result
<p>Streamlined structure: Created senior management team at headquarters Reduced the number of zonal coordinators from 8 to 4 Reduced the number of VHW supervisors from 17 to 8 Created a job description for a new senior management position for External Affairs (not currently funded) Established performance norms and communicated these clearly to all management staff Instituted monthly meetings in each zone attended by the zonal manager, the CBD supervisors and practitioners to elicit feedback from the previous month, track progress and solve problems. Provided all staff with identify cards</p>	<p>FLEP is more transparent, information and data are available and communicated more effectively and used to in management decision making. All staff have more access to headquarters and feel linked to the organization</p>
<p>Employee Personnel Manual: Updated personnel manual and clarified policies governing leave, allowances, etc. (pending final approval by Board)</p>	<p>Draft personnel manual has been distributed to senior management and is resulting in consistent personnel actions across the organization. Staff are getting leave and allowances to which they are entitled, increasing level of staff satisfaction.</p>
<p>Salary Review: The Executive Director, with support from the HR Officer and the senior management team reviewed the salaries of all staff and made adjustments where appropriate</p>	<p>Staff salaries are more equitable and in line with the local pay scales.</p>
<p>Staff Contracts: The Executive Director and the HR Officer (John and Penninah) evaluated all service providers and took steps to terminate or transfer staff who were not performing to an adequate standard. They then gave all remaining staff a 9 month fixed contract.</p>	<p>The number of poor performers was minimized and the remaining staff felt an increased sense of security having a fixed contract until the end of the project</p>
<p>Job descriptions have been updated for all staff with their input.</p>	<p>All staff have clear and updated job descriptions that include the line of supervision and are used for making decision concerning promotion.</p>
<p>Personnel files are established for all staff.</p>	<p>Management has a file on each staff member's qualifications, experience and performance appraisals. Staff have access to their files and are motivated to establish a positive record.</p>
<p>Supervision: A community based work checklist is being reviewed and updated. Supervisors have been trained on quality standards.</p>	<p>There is improved clarity on the use of standards in supervision.</p>

<p>A workplanning and performance appraisal system has been developed, including a performance appraisal form, and is being implemented, beginning with the senior and zonal managers. It will then be cascaded down to the CBD supervisors, the in-charges and the VHW,</p>	<p>A process for aligning the work of all staff to support the organization's goals is underway. The forms and procedures also re-enforce performance standards. It is anticipated that the individual work-plans will not only provide a more rational basis for performance appraisal, but will also be used to determine and track how much allowance needs to be budgeted on a monthly basis.</p>
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Impact on Staff Satisfaction, Organizational Climate and Service Delivery

The HR Officer conducted a follow-up staff satisfaction survey in July, 2002. The results indicated that staff satisfaction had increased significantly on 11 of the 12 indicators. The indicator that did not see an increase in staff satisfaction was staff benefits, clearly something that required sufficient resources in order to be addressed.

The indicators used in the staff survey are listed below and the results represented in the graph that follows.

1. equitable salaries
2. equitable benefits
3. equitable application of personnel policy and practice
4. accurate and up to date job descriptions
5. current workplan in place
6. understanding of the work priorities
7. clear feedback from supervisor on job performance
8. annual performance appraisal based on workplan
9. supervisor helps to problem-solve
10. organization values employee's work
11. organization provides essential coaching and training
12. organization provides opportunities for career growth.

Employee satisfaction at FLEP clearly improved as a result of the improvements in human resource management procedures and practice. This is important, but it is not enough in and of itself.

Impact on turn-over and absenteeism:

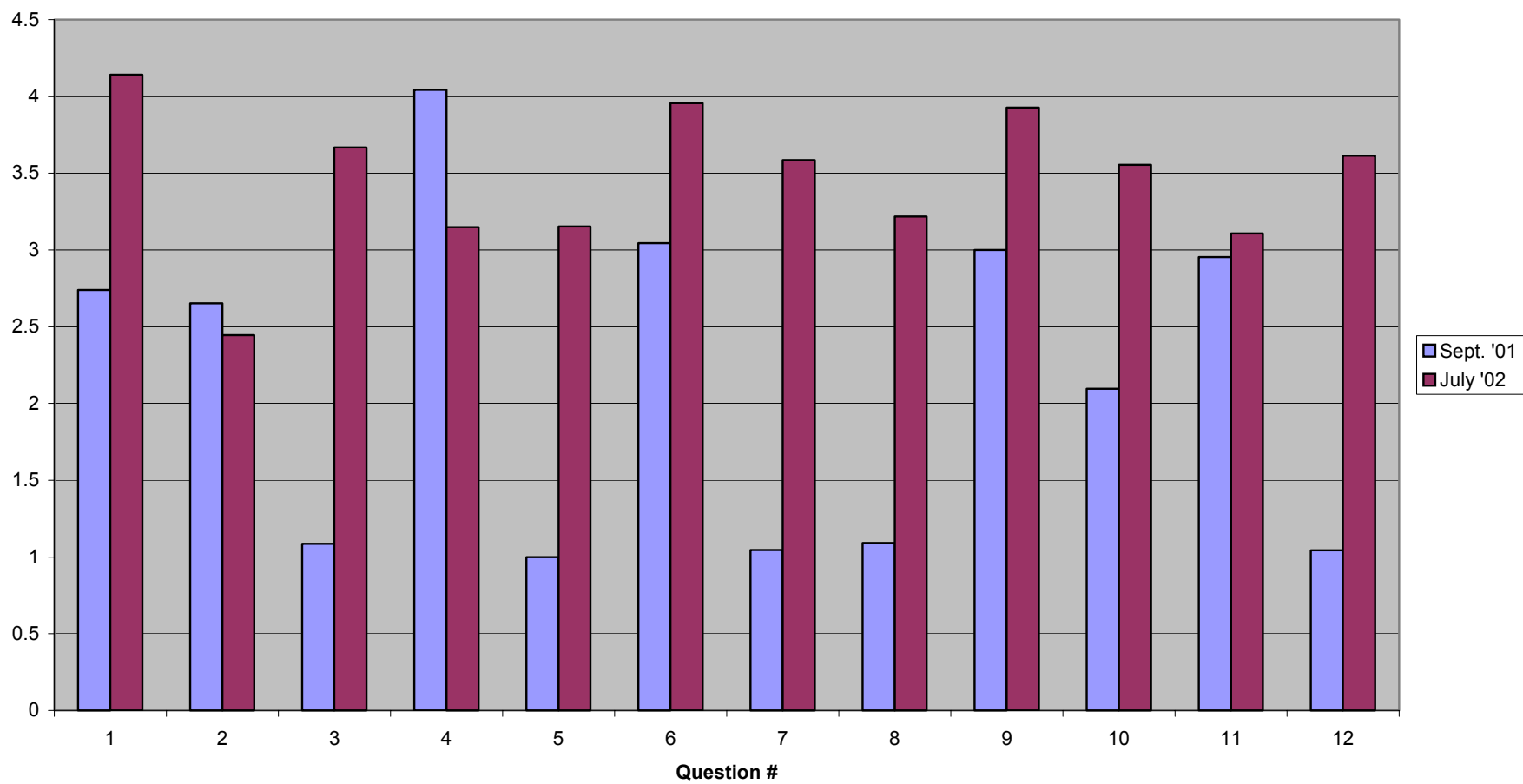
Increased employee satisfaction needs to translate into improved performance and improved service delivery. The first line of impact is in stabilized levels of turn-over and absenteeism. FLEP only had limited baseline data available, but there was evidence that turn-over rates and absenteeism had declined. For example the personnel files indicated that 14 practitioners had quit in the last 3 years. This number was reduced to two in the year of this study, one person who had a better opportunity and one person who left for further study. It also appeared that absenteeism, which had been quite common, was reduced. The Zone Coordinators' Supervisory Forms indicated that staff are increasing more present at work.

Impact on Health Services:

A follow-on survey of the clinic statistics reveal that FLEP saw improvements in this area as well. Because complete data were not available for 2002, we compared the service statistics from the first 2 quarters of 2001 with service statistics from the first 2 quarters of 2002. A summary of these improvements is as follows:

- The first half of 2002 saw a 64% increase in family planning visits compared to the first half of 2001
- This increase in family planning visits generated a 71% increase in CYP, increasing the CYP by 69,435 years in the first half of 2002
- Permanent methods (BTL and vasectomy) increased 61%
- Deliveries at FLEP facilities increased by 32% , and pre and post natal visits increased by 41%
- Well child visits increased 55% and over all OPD visits increased by 37%
- While the number of home visits for IEC declined slightly, the over all number of people reached through both home visits and group talks increased. Issues covered were family planning, STIs and HIV.

FLEP Climate Survey



Attachment A

Results of the HRM Assessment of FLEP

HR Component	1.	2.	3.	4.	Comments
HR Capacity					
HR Budget		*			Limited budget, but is not a permanent allocation
HR Staff			*		HR Administrator is capable to carry out routine activities and participates in long range planning.
HR Planning					
Org. Mission and Goals			*		Mission and goals linked to HR
HR Planning	*				No annual HR plan exists
Personnel Policy and Practice					
Job Classification System		*			There is some attempt to classify jobs, incomplete.
Salary and Benefits	*				No formal system exists
Recruitment, Hiring, Transfer, Promotion	*		*		There is hiring system , No system for transfer and promotion.
Orientation	*				No orientation program
Policy Manual		*			Policy manual needs to be updated, shared
Discipline, Termination, Grievance Procedures		*			Some procedures exist, not linked to perf. Standards
Employee Data		*			Most of the data exists, but is not maintained, updated.
Computerization of Data		*			Need computer and data management software
Personnel Files		*			Personnel files need to be updated, accessible
Performance Management					
Job Descriptions		*			Job Descriptions need to be updated for all staff
Staff Supervision		*			There are lines of authority, but function is not understood, little supervision takes place.
Work planning and Performance Appraisal			*		There are procedures, but they are not carried out on a consistent basis.
Training					
Staff Training			*		Training is provided, but not available for all staff and not evaluated for results.
Management and Leadership Development	*				There is no policy or philosophy regarding mgr. And leadership development
Links to External Pre-Service Training	*				No formal link with pre-service training institutions.

Attachment B

HRM ACTION PLAN, July – December, 2001.

HR Component	Proposed Activities	Time Line	Person Responsible	Resources Needed
Policy Manual	In consultation with staff and the Board, revise personnel policy manual, produce copies and distribute to all key personnel.	31/8, finalize draft 31/8, distribute to Board members 14/9, meet with Board 28/9, finalize, print, distribute	Penninah Penninah John, Penninah and Mgr. Committee Penninah, Mgr. Committee	Input from Management and DISH II Support Staff None Support Staff
Job Descriptions	In consultation with staff, update all job descriptions and send to staff members	14/9, to complete	Penninah	Input from staff Support staff to produce and distribute and file.
Personnel Files	Establish updated personnel files for all staff	31/8, to complete	Penninah	Input from staff Support staff to assist.
Workplanning and Performance Appraisal System	Revise the performance appraisal process and include a work-planning component. Distribute to all staff.	26/10, to complete	Penninah	Input from staff, Support staff to assist.
Supervision	Compile checklists for 7 clinical areas, which can be used as both 'job-aids' and as a supervision tool. Adapt to community based services Provide training to supervisors on Conduct 1-day Quality Standards workshops in each zone for all staff on communication skills, etc. and also on using the new workplanning and performance appraisal forms.	26/10 30/11 30/11	Committee of management and clinic staff Penninah Penninah	DISH II: National Supervision Guidelines Technical Wkshp. DISH II, Yellow Star Program Support from DISH II for trainers, transport and lunch Materials from Mary

Attachment B (cont.)

HR Action Plan, Jan. – June, 2002

HR Component	Proposed Activity	Time Line	Person Responsible	Resources Needed
Staff Training	Create data base of current training levels. Develop a plan for managing training at FLEP linking it to the Perf. Appraisal Process, and the Mission of FLEP; including a process to monitor its efficiency and effectiveness.	31/1/02	Penninah	Input from supervisors DISH II Computer Tracking Tool. M&L Program
Management and Leadership Development	To develop a strategy for increasing management and leadership capacity at all levels of FLEP	23/2/02	Penninah	Input from management committee, supervisors, DISH II and M&L Program
Salary Policy	To review the salary policy to determine if it is fair and in keeping with the local pay scales.	23/2/02	Penninah	Input from Sandy, and management committee and Board.
HR Planning	To develop an annual HR Plan based on organizational goals and staffing needs.	16/3/02	Penninah	Input from John, and the management team and DISH II.

HR Indicators Used

At the end of one year, June 2002, FLEP will assess the results of their Action Plan to strengthen the HRM system. Both management and performance indicators will be used in this process. The HR Administrator will gather current information in the relevant areas as a basis for assessing improvements at the end of the designated time period.

HR Management Indicators

- Personnel Policy Manual revised, on file and distributed to management and all clinic supervisors.
- Job descriptions updated for all staff.
- HR data system developed and utilized for tracking employees and their performance.
- Personnel files update for all staff and on file.
- Appointment letters sent to all staff outlining the terms and conditions of their employment.
- Supervision system in place and communicated.
- Staff vacancies filled in a timely manner (i.e., within one month)
- Workplanning and performance appraisal process in place and communicated.
- Supervision workshops conducted.
- Strategy to increase management and leadership capacity developed.
- Training plan in place.
- Salary policy reviewed and adjustments made where necessary.

II. HR Performance Indicators

The most common indicators that measure the performance of the HRM system include:

- Staff turn-over rates
- % of staff absenteeism
- % of staff tardiness
- timeliness of filling staff vacancies
- timeliness of completing and filing annual performance appraisal forms.
- % of formal staff grievances filed

Baseline data on these indicators is drawn from administrative records.

III. Organizational Climate and Staff Satisfaction

1. employees perceive they are being treated fairly
2. employees understand what they are expected to do on the job
3. employees feel they get adequate feedback on their performance
4. employees feel their work is meaningful and valued by the organization/institution
5. employees feel they have opportunities for career development

The questionnaire that follows was used with the Family Life Education Program to establish baseline data on employee satisfaction. The same questionnaire is used approximately 1 year later to measure improvements resulting from the HRM systems changes described above. It is best used with a group representative of different cadres of staff.

See Questionnaire on next page

Questionnaire on levels of employee satisfaction.

Dear Staff Member,

The HRM office is interested in your perceptions of our policies and practices. We understand that your level of job satisfaction will directly affect your motivation and performance on a day to day basis. Your feedback and comments are important to us. Thank you.

Directions: For each of the statements below, please circle the number that best represents your opinion.

	Disagree	1	2	3	4	5	Agree
1. My salary is fair compared to other staff with the same level of responsibility		1	2	3	4	5	
2. My benefits are fair compared to other staff at my level.		1	2	3	4	5	
3. My supervisor applies personnel policy and practice fairly to me.		1	2	3	4	5	
4. My job description is accurate and up to date.		1	2	3	4	5	
5. I have a current workplan developed with my supervisor		1	2	3	4	5	
6. I understand what the priorities activities are in my workplan		1	2	3	4	5	
7. I get clear feedback from my supervisor about how well I am performing my job.		1	2	3	4	5	
8. My annual performance appraisal is based on my workplan		1	2	3	4	5	
9. My supervisor helps me to solve problems in a positive way		1	2	3	4	5	
10. I feel that the organization values my work.		1	2	3	4	5	
11. I feel that the organization provides me with the essential coaching and training to do my job.		1	2	3	4	5	
12. I feel that the organization works (as much as possible) to provide me with opportunities for career growth.		1	2	3	4	5	